

	TRANSMITTAL FORM		Application Number	10/763,641
			Filing Date	01/22/2004
			First Named Inventor	SINGH, Nikhilesh
			Art Unit	
			Examiner Name	Unassigned
Number of Pages in This Submission		3	Attorney Docket Number	872,521-041

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Verification Postcard
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	O'MELVENY & MYERS LLP		
Signature			
Printed name	Diane K. Wong		
Date	05/10/2007	Reg. No.	54,550

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Theresa M. Canett	Date 05/10/2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST
AND REVOCATION OF PRIOR POWERS**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I, Thomas Soloway, Sr. Vice President and CFO of TransOral Pharmaceuticals, Inc., as representative of the Assignee of record of the entire interest of the application listed below, hereby revoke all powers of attorney previously given and appoint the following attorneys and/or agents to prosecute and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent applications corresponding to the application listed below, all of the registered practitioners identified by Customer Number 34263:

34263
PATENT TRADEMARK OFFICE

O'MELVENY & MYERS LLP
610 Newport Center Drive
17th Floor
Newport Beach, CA 92660
(949) 760-9600

CERTIFICATE OF MAILING (37 C.F.R. §1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

May 10, 2007
Date of Deposit
NBI:715450

Patent

Please send all correspondence to the attention of John Kappos, at the above Customer Number, and direct all telephone calls to John Kappos at (949) 760-9600.

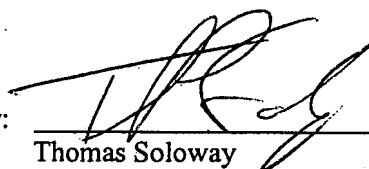
U.S. Serial No./ Patent No.	U.S. Filing Date	First-Named Inventor	Reel	Frame	Recordation Date	New Attorney Docket (Former Docket)
10/763,641	01/22/2004	Singh, Nikhilesh	015736	0673	08/27/2004	872,521-041 (022205- 000110US)

The above-referenced application is currently assigned to TransOral Pharmaceuticals, Inc.

Assignee of interest: TransOral Pharmaceuticals, Inc.
Address: 1003 West Cutting Blvd., Suite 110
Pt. Richmond, CA 94804

In conformance with 37 C.F.R. §3.73(b), I hereby certify that all documents in connection with the chain of title have been reviewed, and to the best of my knowledge, all right, title and interest is in the above-identified Assignee.

Dated: 5/10/07

By: 
Thomas Soloway
Sr. Vice President and CFO
TransOral Pharmaceuticals, Inc.
1003 West Cutting Blvd., Suite 110
Pt. Richmond, California 94804